



State of Illinois  
Illinois Department on Aging

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# 2015 – 2016 Medicare Supplement Premium Comparison Guide Chicago Area



LOCAL HELP FOR PEOPLE WITH MEDICARE

This publication has been created by Illinois SHIP with financial assistance, in whole or in part, through a grant from the Centers for Medicare & Medicaid Services, the federal Medicare agency.

**NOTICE REGARDING THE AFFORDABLE CARE ACT (ACA) MARKETPLACE PLANS**

IF YOU HAVE MEDICARE, YOU ARE ALREADY COVERED. YOU DO NOT HAVE TO BUY MORE HEALTH COVERAGE, AND A MARKETPLACE PLAN IS NOT APPROPRIATE FOR YOU. **THE MARKETPLACE DOES NOT SELL MEDICARE ADVANTAGE PLANS OR MEDICARE SUPPLEMENTAL COVERAGE.**

**Medicare supplement premiums for the Chicago Area are applicable to the counties of Cook, DuPage, Kane, Lake, McHenry and Will**



## Important Phone Numbers

Senior Health Insurance Program (SHIP) IL Dept. on Aging	1-800-252-8966 1-888-206-1327 (TTY)	Free Medicare counseling
Social Security Administration	1-800-772-1213	Medicare eligibility and enrollment
Medicare	(1-800-MEDICARE) 1-800-633-4227	Medicare claims, appeals, drug plan information
Illinois Department on Aging, Senior HelpLine	1-800-252-8966	Aging-related information and referral services
Office of Consumer Health Insurance (OCHI)	1-877-527-9431	Information and referral services for the uninsured
Healthcare & Family Services Health Benefits Hotline	1-800-226-0768	Medicaid questions

# How to Use this Guide

This Guide has been prepared to assist you in making an informed decision about purchasing a Medicare supplement insurance policy, sometimes referred to as “Medigap.” **By law, all Medicare supplement plans currently available must be identical from company to company**, so comparison for price is important! Not all insurance companies sell all plans.

Medigap law changed on June 1, 2010. Therefore, if you purchased a Medigap plan prior to June 1, 2010, your plan benefits may look different than the current benefits offered for sale today. **You do NOT have to replace an older Medigap policy.** You may keep your current Medigap policy and it will continue to pay benefits according to its policy guidelines. The charts on **pages 6, 7 and 8** list the plans available for sale now and the benefits offered under each plan. In addition to the regular Medicare Supplement Plans A through N, Plan F is also available as a High-Deductible plan (**see page 15**). Additionally, you may have the option of choosing a Medicare Select plan, which is explained on **page 14**.

Please note that Medigap policies must be clearly identified as “Medicare supplement insurance” and that the company cannot include any additional benefits other than those outlined on **page 6**. Each rate chart lists the insurance companies licensed to sell those specific insurance plans in Illinois, and the **approximate amount they charge by age when you purchase the policy. Rates are quoted based on a regional zip code.**

Medigap policies currently sold cannot contain prescription drug benefits because of Medicare’s prescription drug coverage, Medicare Part D, which began in 2006. However, if you had a Medigap policy with prescription drug coverage prior to 2006, you **may** keep that policy. Medicare Part D coverage is provided through private insurance companies and/or Medicare Advantage plans offering prescription drugs.

The premiums listed in this Guide were approved and are on file with the Illinois Department of Insurance. These premiums were effective as of May 2015, but may change during the year. You can also contact the company for accurate premium information specific to your situation. Licensed insurance companies that sell only to groups and not individuals may not be included in this guide.

**Please take time to read the valuable information printed in this shopping Guide.** If you have any questions about this Guide, Medicare supplement insurance in general or Medicare prescription drug plans, you may contact the Illinois Department on Aging, Senior Health Insurance Program (SHIP) at: 1-800-252-8966; 1-888-206-1327 (TTY); or email SHIP at: [AGING.SHIP@illinois.gov](mailto:AGING.SHIP@illinois.gov)

# Definition of Terms and Special Provisions

**30-Day Free Look:** You have 30 days after you **receive** a Medicare supplement policy to review the policy, cancel if you choose, and get a full refund of premium (less any Policy Fee charged at the time of sale). If you wish to cancel, it is recommended that you return the policy directly to the company (not the insurance agent) by certified mail, return receipt requested.

**Creditable Coverage:** There are certain types of previous health insurance coverage that can be used to shorten or eliminate a pre-existing condition waiting period under a Medigap policy. However, you cannot have more than a 63-day break in coverage between the previous health insurance coverage and your Medicare coverage.

**Crossover:** A formal agreement between Medicare Part B and the insurance company that allows your Medicare claim to be sent to your Medigap company electronically. This eliminates the need to file paper claims with your Medigap carrier. This information appears next to the company information on the rate charts.

**Guaranteed Renewability:** All standardized Medicare supplement plans are guaranteed renewable for life. This means that the company cannot cancel your policy **unless** you do not pay the premiums or you falsify information on your application.

**Pre-existing Waiting Period:** Unless you have creditable coverage, a Medigap company may impose a waiting period of up to six (6) months for a pre-existing health condition you may have. Each company's waiting period appears in the company information on the rate charts.

**Policy Application Fee:** Companies may charge a one-time fee when you first apply for a policy within the 30-day free look period. The company does *not* have to refund this fee if you choose to cancel your policy within this 30-day period.

**Standardized Coverage:** Medigap policies sold in Illinois after 1992 are identical in coverage from company to company. For example, a Plan F sold by ABC Insurance Company has the same benefits as a Plan F that is sold by XYZ Insurance Company.

**Open Enrollment Period:** A person of any age going onto Medicare Part B for the first time has six (6) months from the date their Part B coverage takes effect to shop for a Medicare supplement policy. **During this open enrollment period, you cannot be refused coverage** for any reason. Unless you have prior **creditable insurance coverage** (see definition above), the company *may* impose a waiting period for coverage of pre-existing conditions for up to six (6) months, but it cannot refuse to sell you a policy if you apply within your open enrollment period.

## Information for Disabled Individuals on Medicare:

In Illinois, people under the age of 65 on Medicare *due to a disability* have the same Open Enrollment rights as people 65 and older. Additionally, when you turn 65 you will be eligible for another six (6) month Medicare supplement open enrollment period due to age. This will give you the opportunity to purchase a Medigap policy based on the age of 65, which may reduce your monthly premium.

**PLEASE NOTE:** *If you are under 65 and receive notification of your Medicare Part B eligibility retroactively, your six (6) month Open Enrollment Period starts on the date you receive that notification.*

**Be aware if you are under 65, disabled and on Medicare and did not purchase a Medigap policy during your initial six (6) month open enrollment period, you should be able to purchase a Medigap policy from Blue Cross/Blue Shield from October 15 to December 7; or from Health Alliance from November 15 to December 31. The two companies have agreed to guarantee issue their plans during these time frames only.**

## ADDITIONAL OPTIONS FOR PEOPLE ON MEDICARE

Individuals on Medicare can apply for coverage under a Medicare Advantage (MA) plan, also known as Part C of Medicare, as an alternative to traditional Medicare. These types of Medicare health plans **must** accept anyone who applies for coverage, with the exception of most people who have End Stage Renal Disease (kidney failure). Four (4) types of Medicare Advantage plans are available to some or all Illinois residents who have Medicare, depending on where they live. Please note that you do not lose or give up your Medicare coverage. Medicare Advantage Plans cover Parts A & B of Medicare and may offer Part D prescription drug coverage as well. Persons who have their Medicare contracted through a Medicare Advantage plan do **not** need a Medicare Supplement Policy, as all their Medicare services must be obtained through their MA plan. The four (4) types of Medicare Advantage Plans are:

- **Health Maintenance Organizations (HMOs)** are only available in certain zip code areas and counties. HMOs utilize a network of providers, doctors, and hospitals, which have contracted with the HMO to provide services to their members. In order to utilize specialists, a referral must be arranged through a primary care physician. **Please note that if you use an out-of-network provider, no payment will be made by the HMO or Medicare, which means that you will be responsible for the entire cost of those services. Exception:** *HMOs with a Cost Contract may cover services of non-network providers at a higher cost to you. Most HMOs are NOT Cost Contracts.*

- **Preferred Provider Organizations (PPOs)** are also only available in certain counties in Illinois. PPOs may allow members to seek services outside of the PPO network and may charge higher co-payments for these benefits.
- **Private Fee-For-Service (PFFS)** plans are available in all areas of the state and differ from HMOs and PPOs in that they do not utilize a network of contracted providers. People in a PFFS may obtain services from any provider that accepts the plan's terms and conditions. Contact your providers before purchasing a PFFS plan to see if they will accept this type of insurance. If the provider does not agree to accept the plan, the insured person is responsible for all charges associated with the service.
- **Special Needs Plans (SNPs)** are plans which focus on individuals with special needs. Special Needs Plans may target enrollment to one (1) or more special needs identified as: 1) institutionalized; 2) dual eligible – have both Medicare and Medicaid; and/or 3) individuals with severe or disabling chronic condition(s).

To inquire whether Medicare Advantage plans are available in your area or to obtain additional information about these plans, call SHIP at 1-800-252-8966. A list of the plans available in Illinois can be found in the back of your current ***Medicare & You Handbook***. You may also call Medicare at any time at 1-800-Medicare (1-800-633-4227).

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# Medicare Supplement Benefits

This chart indicates the benefits included in each of the standardized Medicare Supplement plans.

## Core Benefits for Plans A, B, C, D, F, G, M, and N include:

- All Part A coinsurance expenses for:
  - ❖ **\$322 per day for 61st through 90th day; (2016)**
  - ❖ **\$644 per day for 91st through 150th day; (2016)**
- Part A Hospice coinsurance
- Upon exhaustion of Part A hospitalization benefits, full coverage of an additional 365 days per lifetime;
- Part B coinsurance or copayment; – including Part B Preventive Services

Benefits Included	Plan A	Plan B	Plan C	Plan D	Plan F	Plan G	Plan K	Plan L	Plan M	Plan N
Core Benefits	√	√	√	√	√	√	√*	√*	√	√*
Skilled Nursing Facility			√	√	√	√	√* (50%)	√* (75%)	√	√
Part A Deductible		√	√	√	√	√	√* (50%)	√* (75%)	√* (50%)	√
Part B Deductible			√		√					
Part B Excess (100%)					√	√				
Foreign Travel			√	√	√	√			√	√

Out-of-pocket annual limit in 2016	\$4,960	\$2,480
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\*Core Benefits for Plans K, L, M, and N are the same as listed above with some exceptions. The Plan F High-Deductible for 2016 is \$2,180.

Please refer to the following pages.

NOTE: All dollar figures are for 2016. Call SHIP at 1-800-252-8966 for updates.

## Core Benefits for Plans K & L

Medigap Plan K	Medigap Plan L
Medicare Part A Coinsurance and Hospital Benefits: Days 61 – 150 (100%)	Medicare Part A Coinsurance and Hospital Benefits: Days 61 – 150 (100%)
Medicare Part A Deductible (50%)	Medicare Part A Deductible (75%)
Medicare Part B Coinsurance or Copayment (50%)	Medicare Part B Coinsurance or Copayment (75%)
Blood Deductible (50%)	Blood Deductible (75%)
Hospice Care Coinsurance or Copayment (50%)	Hospice Care Coinsurance or Copayment (75%)
Skilled Nursing Facility Coinsurance (50%)	Skilled Nursing Facility Coinsurance (75%)

Medigap Plans K and L provide different cost-sharing amounts for items and services than Medigap Plans A, B, C, D, F, G, M and N. You will have to pay some out-of-pocket costs for some covered services until you meet the yearly out-of-pocket limit (Plan K is \$4,960 and Plan L is \$2,480 in 2016). After the annual out-of-pocket limit is reached, the Medigap policy will cover 100% of Medicare Part A and B coinsurance amounts for the remainder of the calendar year. Charges from your doctor that exceed Medicare-approved amounts, called “excess charges,” are *not* covered and do not count toward the out-of-pocket limit. You will have to pay these excess charges without reimbursement from your Medigap policy.

**NOTE:** All dollar figures are for 2016. Call SHIP at 1-800-252-8966 for updates.



## Core Benefits for Plans M and N

Medigap Plan M	Medigap Plan N
Medicare Part A Coinsurance and Hospital Benefits: Days 61 – 150 (100%)	Medicare Part A Coinsurance and Hospital Benefits: Days 61 – 150 (100%)
Medicare Part A Deductible (50%)	Medicare Part A Deductible (100%)
Medicare Part B Coinsurance or Copayment (100%)	<p>Medicare Part B Coinsurance or Copayment: For Part B services <i>except "Office Visits,"</i> Plan N will pay (100%)</p> <p>You pay 20% or \$20 (whichever is less) for each service defined as an "Office Visit."</p>
Blood Deductible (100%)	Blood Deductible (100%)
Hospice Care Coinsurance or Copayment (100%)	Hospice Care Coinsurance or Copayment (100%)
Skilled Nursing Facility Coinsurance (100%)	Skilled Nursing Facility Coinsurance (100%)
Foreign Travel Emergency (80% after \$250 deductible within first 60 days of travel)	Foreign Travel Emergency (80% after \$250 deductible within first 60 days of travel)

Medigap Plans M and N will be the same as Plan D with the following exceptions:

- Plan M will cover 50% of the Medicare Part A deductible; and
- Plan N will cover 100% of the Medicare Part B Coinsurance or Copayment benefits except for a \$20 per physician visit and \$50 per Emergency Room visit. Emergency Room visit copayment will be waived if admitted into the hospital.

# Explanation of Medicare Supplement Benefits

## **Part A Deductible (Found in Plans B through N)**

- Pays the \$1,288 Medicare Part A inpatient hospital deductible in each benefit period.

## **Skilled Nursing Coinsurance (Found in Plans C through N)**

- Pays the \$161/day coinsurance amount for days 21–100 in each benefit period.
- Must be in a Medicare–certified Skilled Nursing Facility.

## **Part B Deductible (Found in Plans C and F)**

- Pays the \$166 Medicare Part B deductible each calendar year.
- The Part B deductible only applies to Medicare–approved charges.

## **Foreign Travel Emergency (Found in Plans C, D, F, G, M and N)**

- Pays 80% of actual charges for medically necessary emergency care received in a foreign country. The following restrictions apply:
  - Expenses must be incurred during the first 60 days of the trip;
  - \$250 calendar year deductible;
- Lifetime maximum of \$50,000.

## **Part B Excess (Found in Plans F and G)**

- Pays for the difference between the Medicare–approved amount and the doctor’s actual charge up to 15% over the Medicare–approved amount when you use providers who do not accept Medicare assignment.

## **Office Visit and Emergency Room Copayments (Found in Plan N)**

- You pay 20% or \$20 (whichever is less) for *each office visit* you incur;
- You pay \$50 for each Emergency Room visit you incur;
- The Emergency Room visit copay is waived if you are admitted in to the hospital pursuant to your ER visit;
- The Medigap plan will not reimburse you for these copayment amounts. They are your responsibility to pay.

Prescription Drugs are no longer available under Medigap plans unless you retained an H, I or J policy issued prior to January 1, 2006. Medicare Part D provides prescription drug coverage through private insurance companies via stand-alone prescription drug plans (PDPs) or through Medicare Advantage plans offering a prescription drug benefit (MAPDs).

The “At Home Recovery” and the “Preventive Care” benefits are no longer offered in any Medigap plan sold after June 1, 2010.

NOTE: All dollar figures are for 2016. Call SHIP at 1-800-252-8966 for updates.

# Medicare Supplement Rights and Guarantees

In addition to the six (6) month open enrollment period described earlier, federal law requires that Medicare supplement and Medicare Select standardized plans A, B, C, F, K and L be guaranteed issue, without pre-existing condition exclusions, in the following situations:

- You have Medicare and an employer group health plan (either primary or secondary to Medicare) that terminates or ceases to provide **all** such supplemental health benefits. *If your employer plan is secondary to Medicare and you elect to disenroll, you have no guaranteed issue rights;* or
- You are enrolled in a Medicare Advantage plan, which includes a Health Maintenance Organization (HMO), a Preferred Provider Organization (PPO), a Private Fee-For-Service (PFFS) or Medicare Select Medigap plan and move out of the plan's service area, or the insurer goes out of business, withdraws from the market, has its Medicare contract terminated, or the plan reduces its service area, violates its contract provisions or is misrepresented in its marketing; or
- You are insured by a Medicare supplement plan and the insurer goes out of business, withdraws from the market, or the insurance company or agents misrepresent the plan.

If you are covered under a Medicare supplement plan and discontinue that plan to enroll in a Medicare Advantage or Medicare Select plan, you have some specific guarantees. If you decide to return to the traditional Medicare program before the end of the first 12 months of your **first** enrollment in the Medicare Advantage or Medicare Select plan, you have the right to return to your original Medicare supplement plan, if it is still available from that insurer. **If it is not available**, you may select a Medicare supplement plan A, B, C, F, K or L from any company you choose. In either case, you would have no pre-existing condition waiting period.

Some special guarantees are extended to you if you enroll in a Medicare Advantage plan when you first become eligible for Medicare Part A and enroll in Part B at or after age 65. If you disenroll or are terminated from the HMO, PPO, or PFFS within the first 12 months of your enrollment, you are guaranteed to get **any Medicare supplement policy from any company selling Medicare supplement plans**. Again, no pre-existing condition waiting period would apply.

**NOTE: With all of the guarantees mentioned, application for a Medicare supplement policy must be made within 63 days of disenrollment for the guarantees to be valid. Additionally, the company cannot charge more for these guaranteed issue policies, or exclude benefits due to health reasons.**

If you are enrolled in a Medicare Advantage or Medicare Select plan, are moving out of the plan's service area and returning to the traditional Medicare program, you can notify the plan up to 60 days prior to the termination date you will be disenrolling from the plan. You can then apply for a Medicare supplement plan A, B, C, F, K or L during those 60 days prior to the termination date to have your Medicare supplement policy effective the first day you are returned to traditional Medicare. As long as you apply for your Medicare supplement policy within the period of 60 days prior to and 63 days after your termination date from the Plan, it will be guaranteed issue. You will have no pre-existing condition waiting period.

If you become entitled to benefits under Medicaid, you have the right to suspend your Medicare supplement policy for up to 24 months; meaning that the policy cannot be cancelled and you cannot be charged a premium during the suspension period. If you become ineligible for Medicaid benefits during this 24 month period and therefore need your Medicare supplement policy again, as long as you notify your insurer within 90 days of the date of your Medicaid ineligibility, your Medicare supplement policy must be reinstated without penalty and you will not have a pre-existing waiting period.

You can also suspend your Medicare supplement policy if you have insurance coverage with an employer-sponsored group health plan due to your employment or that of your spouse (or parents in the case of a disabled person). There is no limit to the amount of time your Medicare supplement policy can be suspended.

# Premium Calculation Methods

The rates quoted in this Guide are for *male non-smokers in specific regions of the state by zip code*. Rates may vary depending on gender and the city in which you live. Rates listed are those in effect with the Illinois Department of Insurance in May 2015.

For persons under 65 who become eligible to purchase a Medigap policy, companies may not charge a rate higher than the highest rate on the company's current rate schedule filed with the Illinois Department of Insurance. The rates contained in this guide are provided for general guidance. The actual rates for individuals under age 65 may vary from the highest rate in this guide. Please contact the company directly to get the actual rates.

**Premium Calculation Methods:** Insurance companies use three (3) different methods of pricing policies based on age.

- **Attained Age:** Your premium will increase as you grow older. Additional increases due to higher medical costs or higher than expected claim costs are also possible. For example, if you buy a policy at age 65, when you turn 70, you will pay whatever the company is charging for a person 70 years old. However, any rate increase that occurs must apply to the entire class of policyholders in which you are categorized, not just to you as an individual.
  - Most companies in this guide use the Attained Age Rating Method with the exception of *Bankers Fidelity Life Insurance Company*, which uses Issue Age Rating, and *AARP/United Healthcare Insurance Company*, which uses No Age Rating (see below).
- **Issue Age:** Your premium will always be based on your age at the time you purchased the plan. Any increases will be due to higher medical costs or higher than expected claim costs for the entire class of policyholders you are in. Even though you will have increases in your policy premium, the premium will not increase just because you are growing older.
  - The only company in this guide using the issue age method is *Bankers Fidelity Life Insurance Company*, on Plans A and F.
- **No Age (Community) Rating:** The premium for a specific policy is the same for everyone over the age of 65, regardless of their age.
  - The only company using this rating methodology in Illinois is *AARP/United Healthcare (UHC)*. UHC utilizes a two-tiered community rating, which offers a lower premium for people who apply for a Medigap policy within the first 36 months of their enrollment in Part B of Medicare.

**RATES:** IF YOU APPLY FOR A MEDICARE SUPPLEMENT POLICY AFTER YOUR OPEN ENROLLMENT PERIOD HAS EXPIRED, SOME COMPANIES MAY CHARGE A HIGHER RATE FOR SMOKERS.

# Medicare Select

**Medicare Select is another type of Medicare supplement policy.**

Medicare Select companies have the right to require you to use **specific** hospitals and doctors. This requirement does **not** apply in the case of an emergency. It is important to call the company to find out if they have a Medicare Select plan available in your area and that your preferred hospital is included before you decide to purchase this type of Medicare Select policy.

Medicare Select plans must be one of the standardized plans. If you do not follow the Medicare Select provisions, Medicare will pay its portion, but the Medicare Select company is **not** required to **pay** your inpatient hospital **deductible** or **copayments**. Please review your plan for specific guidelines. Medicare Select premiums will be lower than that same company's standardized Medicare supplement premiums. If you have had a Medicare Select policy for at least six (6) months and then cancel it, you will have the right to buy a standardized Medicare supplement policy from the same company with comparable or lesser benefits regardless of your health status. Also, depending on your health status and the company's underwriting standards, you may be able to purchase a Medicare supplement plan with greater benefits.

Rates for Medicare Select Plans are shown on separate rate tables. They are located directly behind those of the regular Medicare supplement rate charts on page 30.

# Medicare Supplement High-Deductible Option

Another variation of a Medicare supplement policy available to you is a “high-deductible option” on Plan F. Generally, the premium for a high-deductible Plan F will be lower than that company’s same Medicare supplement plan without the higher deductible. The benefits for a high-deductible Plan F are identical to any other Plan F. The only difference is that the plan will **not** pay benefits until you have met the deductible (the amount you must pay out of your pocket) for that calendar year. **The deductible for 2016 is \$2,180.** This deductible is adjusted each year to reflect the change in the Consumer Price Index.

In addition to the \$2,180 deductible for Plan F, there is also a separate \$250 per year deductible for the foreign travel emergency benefit.

Rates for Medicare supplement high-deductible plans being sold in Illinois can be found immediately following the Standard Plan F rates as indicated by **FHD**.

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## Further Information Available

You may want to check the financial condition of any insurance company from which you would like to purchase a policy. The Illinois Department of Insurance does not rate the financial condition of insurance companies. There is a fact sheet on their website titled *Illinois Insurance Facts, Finding a Reputable Insurance Company—Using Financial Rating Agencies*, listing five (5) of the independent rating services, their phone numbers and website addresses. The IDOI website is: [www.insurance.illinois.gov](http://www.insurance.illinois.gov).

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NOTE: All dollar figures are for 2016. Call SHIP at 1-800-252-8966 for updates.



## WHAT IS SHIP?

- The Senior Health Insurance Program (SHIP) is a **free** insurance counseling service for people with Medicare and their caregivers. The Illinois Department on Aging administers SHIP. This service, offered statewide, is available to people of all ages with Medicare.
- SHIP is **not** affiliated with any insurance company.
- SHIP counselors do **not** sell or solicit any type of insurance.
- SHIP counselors are trained by the Illinois Department on Aging to:
  - Assist in filing appeals regarding Medicare and Medicare supplement claims;
  - Assist individuals with the medicare.gov plan finder to compare Medicare Advantage plans or Medicare Part D plans;
  - Educate and assist consumers with questions about Medicare, Medicare supplement, Medicare Advantage plans, Medicare Part D plans, Extra Help for Part D, long term care insurance, and other health insurance plans.

### For further information, contact SHIP at:

Illinois Department on Aging  
Senior Health Insurance Program (SHIP)  
One Natural Resources Way, Suite 100  
Springfield, IL 62702-1271

**1-800-252-8966**  
**1-888-206-1327 (TTY)**

**Website:** [www.illinois.gov/aging/](http://www.illinois.gov/aging/)  
**E-mail:** [AGING.SHIP@illinois.gov](mailto:AGING.SHIP@illinois.gov)



## Chicago Area

### Standardized Medicare Supplement Plans Available – Annual Premium Estimates

#### AARP/UNITED HEALTHCARE INSURANCE COMPANY

[www.aarphealthcare.com](http://www.aarphealthcare.com)

(800) 523-5800

Pre-ex: 3

App Fee: \$0

Crossover: yes

Age	A	B	C	D	F	FHD	G	K	L	M	N
64 & Under	\$2,160	\$3,154	\$3,987		\$4,005			\$1,660	\$2,425		\$2,880
65	\$1,008	\$1,472	\$1,861		\$1,869			\$775	\$1,132		\$1,344
70	\$1,224	\$1,788	\$2,259		\$2,269			\$941	\$1,374		\$1,632
75	\$1,584	\$2,313	\$2,924		\$2,937			\$1,218	\$1,779		\$2,112
80	\$1,584	\$2,313	\$2,924		\$2,937			\$1,218	\$1,779		\$2,112
85	\$1,584	\$2,313	\$2,924		\$2,937			\$1,218	\$1,779		\$2,112

#### AETNA LIFE & HEALTH

[www.aetnaseniorproducts.com](http://www.aetnaseniorproducts.com)

(800) 264-4000

Pre-ex: 0

App Fee: \$20

Crossover: yes

Age	A	B	C	D	F	FHD	G	K	L	M	N
64 & Under	\$2,924	\$4,292			\$5,042	\$2,017	\$4,003				\$3,337
65	\$1,602	\$1,655			\$1,944	\$776	\$1,543				\$1,286
70	\$1,774	\$1,876			\$2,204	\$882	\$1,750				\$1,459
75	\$1,962	\$2,234			\$2,624	\$1,050	\$2,084				\$1,736
80	\$2,177	\$2,665			\$3,130	\$1,252	\$2,485				\$2,071
85	\$2,407	\$3,146			\$3,696	\$1,478	\$2,934				\$2,447

#### AETNA LIFE INSURANCE COMPANY

[www.aetnaseniorproducts.com](http://www.aetnaseniorproducts.com)

(800) 264-4000

Pre-ex: 0

App Fee: \$0

Crossover: yes

Age	A	B	C	D	F	FHD	G	K	L	M	N
64 & Under	\$2,789	\$3,634			\$4,256		\$4,880				\$4,028
65	\$1,722	\$1,917			\$2,164		\$1,970				\$1,536
70	\$2,075	\$2,345			\$2,655		\$2,441				\$1,912
75	\$2,373	\$2,769			\$3,152		\$2,937				\$2,313
80	\$2,578	\$3,083			\$3,535		\$3,400				\$2,699
85	\$2,702	\$3,373			\$3,931		\$4,056				\$3,275

Pre-ex = # of months of waiting period for coverage of a pre-existing condition

App Fee = one-time charge at the time you apply for a policy

Crossover: Yes = claims sent electronically; no paper filing

**AMERICAN REPUBLIC CORP INSURANCE COMPANY**[www.americanenterprise.com](http://www.americanenterprise.com)

(800) 247-2190

Pre-ex: 0

App Fee: \$0

Crossover: yes

Age	A	B	C	D	F	FHD	G	K	L	M	N
64 & Under	\$3,171				\$4,530	\$1,812					
65	\$1,527				\$2,181	\$872					
70	\$1,615				\$2,307	\$923					
75	\$1,974				\$2,821	\$1,128					
80	\$2,341				\$3,344	\$1,338					
85	\$2,787				\$3,981	\$1,592					

**ASSURED LIFE ASSOCIATION**[www.assuredlife.org](http://www.assuredlife.org)

(800) 777-9777

Pre-ex: 0

App Fee: \$25

Crossover: yes

Age	A	B	C	D	F	FHD	G	K	L	M	N
64 & Under	\$2,826	\$3,580	\$4,564	\$3,292	\$4,668		\$3,367				\$2,753
65	\$1,824	\$2,107	\$2,559	\$1,813	\$2,619		\$1,856				\$1,485
70	\$2,087	\$2,411	\$2,936	\$2,082	\$3,005		\$2,130				\$1,705
75	\$2,315	\$2,707	\$3,314	\$2,354	\$3,391		\$2,409				\$1,933
80	\$2,459	\$2,921	\$3,599	\$2,562	\$3,682		\$2,622				\$2,112
85	\$2,565	\$3,096	\$3,846	\$2,745	\$3,934		\$2,808				\$2,270

**BANKERS FIDELITY LIFE INSURANCE COMPANY**[www.bflic.com](http://www.bflic.com)

(800) 241-1439

Pre-ex: 0

App Fee: \$0

Crossover: yes

Age	A	B	C	D	F	FHD	G	K	L	M	N
64 & Under	\$2,472				\$3,504	\$1,032	\$2,916	\$1,728			
65	\$1,644				\$2,340	\$684	\$1,596	\$936			
70	\$1,848				\$2,616	\$768	\$1,896	\$1,104			
75	\$2,076				\$2,928	\$864	\$2,256	\$1,332			
80	\$2,244				\$3,168	\$936	\$2,532	\$1,500			
85	\$2,340				\$3,336	\$984	\$2,760	\$1,620			

Pre-ex = # of months of waiting period for coverage of a pre-existing condition

App Fee = one-time charge at the time you apply for a policy

Crossover: Yes = claims sent electronically; no paper filing

**BLUE CROSS BLUE SHIELD OF ILLINOIS**[www.bcbsil.com](http://www.bcbsil.com)

(800) 646-3000

Pre-ex: 0

App Fee: \$0

Crossover: yes

Age	A	B	C	D	F	FHD	G	K	L	M	N
64 & Under	\$2,004	\$3,408	\$3,840		\$3,972	\$1,284	\$3,564	\$2,004	\$2,880		\$2,784
65	\$864	\$1,428	\$1,776		\$1,788	\$576	\$1,608	\$900	\$1,296		\$1,260
70	\$1,140	\$1,836	\$2,244		\$2,388	\$756	\$2,136	\$1,212	\$1,716		\$1,668
75	\$1,404	\$2,352	\$2,832		\$3,000	\$960	\$2,700	\$1,524	\$2,160		\$2,100
80	\$1,644	\$2,772	\$3,180		\$3,312	\$1,068	\$3,000	\$1,692	\$2,400		\$2,340
85	\$1,836	\$3,108	\$3,492		\$3,612	\$1,176	\$3,264	\$1,836	\$2,628		\$2,544

**COLONIAL PENN LIFE INSURANCE COMPANY**[www.bankerslife.com/service-support/](http://www.bankerslife.com/service-support/)

(800) 800-2254

Pre-ex: 0

App Fee: \$0

Crossover: yes

Age	A	B	C	D	F	FHD	G	K	L	M	N
64 & Under	\$4,402	\$4,735			\$6,661	\$1,237	\$5,271	\$2,235	\$3,837	\$4,892	\$4,478
65	\$1,742	\$1,863			\$2,369	\$439	\$1,736	\$701	\$1,364	\$1,696	\$1,222
70	\$2,131	\$2,268			\$2,870	\$532	\$2,140	\$853	\$1,632	\$2,106	\$1,581
75	\$2,594	\$2,744			\$3,483	\$646	\$2,637	\$1,071	\$1,992	\$2,609	\$2,028
80	\$3,027	\$3,206			\$4,155	\$771	\$3,183	\$1,316	\$2,390	\$3,122	\$2,517
85	\$3,443	\$3,666			\$4,888	\$907	\$3,786	\$1,579	\$2,813	\$3,643	\$3,068

**COMBINED INSURANCE COMPANY OF AMERICA**[www.combinedinsurance.com](http://www.combinedinsurance.com)

(855) 278-9329

Pre-ex: 0

App Fee: \$25

Crossover: yes

Age	A	B	C	D	F	FHD	G	K	L	M	N
64 & Under	\$2,516				\$3,749		\$3,012				\$3,032
65	\$1,613				\$1,859		\$1,495				\$1,589
70	\$1,906				\$2,194		\$1,764				\$1,884
75	\$2,111				\$2,658		\$2,137				\$2,139
80	\$2,237				\$3,014		\$2,423				\$2,338
85	\$2,324				\$3,334		\$2,680				\$2,513

Pre-ex = # of months of waiting period for coverage of a pre-existing condition

App Fee = one-time charge at the time you apply for a policy

Crossover: Yes = claims sent electronically; no paper filing

**COUNTRY LIFE INSURANCE COMPANY**[www.countryfinancial.com](http://www.countryfinancial.com)

(866) 856-4760

Pre-ex: 0

App Fee: \$0

Crossover: yes

Age	A	B	C	D	F	FHD	G	K	L	M	N
64 & Under	\$2,324		\$4,421	\$3,816	\$4,509	\$1,255					
65	\$1,048		\$1,835	\$1,573	\$1,847	\$492					
70	\$1,218		\$2,413	\$2,094	\$2,463	\$603					
75	\$1,427		\$2,944	\$2,534	\$3,002	\$735					
80	\$1,698		\$3,378	\$2,900	\$3,445	\$903					
85	\$2,010		\$3,799	\$3,269	\$3,875	\$1,078					

**CSI LIFE INSURANCE COMPANY**[www.csi-omaha.com](http://www.csi-omaha.com)

(866) 644-3988

Pre-ex: 0

App Fee: \$25

Crossover: yes

Age	A	B	C	D	F	FHD	G	K	L	M	N
64 & Under	\$3,245				\$4,570		\$3,884				\$2,971
65	\$1,412				\$1,990		\$1,592				\$1,294
70	\$1,448				\$2,040		\$1,632				\$1,326
75	\$1,684				\$2,371		\$1,897				\$1,542
80	\$1,952				\$2,749		\$2,200				\$1,788
85	\$2,252				\$3,172		\$2,537				\$2,062

**EQUITABLE LIFE & CASUALTY**[www.EquiLife.com](http://www.EquiLife.com)

(877) 358-4060

Pre-ex: 0

App Fee: \$20

Crossover: yes

Age	A	B	C	D	F	FHD	G	K	L	M	N
64 & Under	\$3,487				\$5,242		\$5,136				\$3,548
65	\$1,974				\$2,797		\$2,135				\$1,892
70	\$2,398				\$3,411		\$2,416				\$2,312
75	\$2,773				\$3,968		\$2,855				\$2,687
80	\$3,032				\$4,362		\$3,309				\$2,956
85	\$3,271				\$4,746		\$3,825				\$3,217

Pre-ex = # of months of waiting period for coverage of a pre-existing condition

App Fee = one-time charge at the time you apply for a policy

Crossover: Yes = claims sent electronically; no paper filing

**EVERENCE ASSOCIATION**

Pre-ex: 0

App Fee: \$0

[www.everence.com](http://www.everence.com)

(800) 348-7468

Crossover: yes

Age	A	B	C	D	F	FHD	G	K	L	M	N
64 & Under	\$2,076		\$3,702		\$3,763				\$2,058		\$2,211
65	\$1,654		\$2,430		\$2,805				\$1,508		\$1,387
70	\$1,786		\$2,875		\$3,040				\$1,652		\$1,665
75	\$1,876		\$3,232		\$3,224				\$1,761		\$1,889
80	\$1,987		\$3,487		\$3,488				\$1,911		\$2,064
85	\$2,076		\$3,702		\$3,763				\$2,058		\$2,211

**GERBER LIFE INSURANCE COMPANY**

Pre-ex: 0

App Fee: \$25

(877) 778-0839

Crossover: yes

Age	A	B	C	D	F	FHD	G	K	L	M	N
64 & Under	\$3,442				\$5,678		\$4,894				
65	\$2,155				\$3,087		\$2,603				
70	\$2,549				\$3,659		\$3,085				
75	\$2,827				\$4,129		\$3,489				
80	\$3,002				\$4,483		\$3,801				
85	\$3,130				\$4,788		\$4,074				

**GLOBE LIFE AND ACCIDENT INSURANCE COMPANY**

Pre-ex: 2

App Fee: \$0

[www.globecaremedsupp.com](http://www.globecaremedsupp.com)

(800) 801-6831

Crossover: yes

Age	A	B	C	D	F	FHD	G	K	L	M	N
64 & Under	\$1,518	\$2,421	\$2,892		\$2,915	\$772					
65	\$1,036	\$1,622	\$1,844		\$1,857	\$367					
70	\$1,408	\$2,079	\$2,306		\$2,319	\$489					
75	\$1,497	\$2,372	\$2,719		\$2,736	\$611					
80	\$1,518	\$2,421	\$2,892		\$2,915	\$772					
85	\$1,518	\$2,421	\$2,892		\$2,915	\$772					

Pre-ex = # of months of waiting period for coverage of a pre-existing condition

App Fee = one-time charge at the time you apply for a policy

Crossover: Yes = claims sent electronically; no paper filing

**GOVERNMENT PERSONNEL MUTUAL LIFE INSURANCE COMPANY**[www.gpmlife.com](http://www.gpmlife.com)

(866) 242-7573

Pre-ex: 0

App Fee: \$25

Crossover: yes

Age	A	B	C	D	F	FHD	G	K	L	M	N
64 & Under	\$3,176		\$4,949		\$5,065		\$2,972				\$2,589
65	\$1,985		\$2,690		\$2,755		\$1,587				\$1,349
70	\$2,173		\$2,960		\$3,031		\$1,747				\$1,486
75	\$2,435		\$3,372		\$3,453		\$1,994				\$1,702
80	\$2,664		\$3,769		\$3,859		\$2,234				\$1,914
85	\$2,831		\$4,101		\$4,199		\$2,437				\$2,096

**HEALTH ALLIANCE MEDICAL PLANS INC.**[www.Medicare.HealthAlliance.org](http://www.Medicare.HealthAlliance.org)

(888) 382-9771

Pre-ex: 6

App Fee: \$0

Crossover: yes

Age	A	B	C	D	F	FHD	G	K	L	M	N
64 & Under	\$3,075		\$6,065		\$6,199						\$4,057
65	\$1,667		\$2,721		\$2,781						\$1,820
70	\$2,128		\$3,473		\$3,550						\$2,323
75	\$2,716		\$4,433		\$4,530						\$2,965
80	\$3,017		\$5,459		\$5,579						\$3,651
85	\$3,075		\$6,065		\$6,199						\$4,057

**HEARTLAND NATIONAL LIFE INSURANCE COMPANY**[www.heartlandnational.net](http://www.heartlandnational.net)

(877) 431-7371

Pre-ex: 0

App Fee: \$25

Crossover: yes

Age	A	B	C	D	F	FHD	G	K	L	M	N
64 & Under	\$2,835			\$3,824	\$4,402		\$3,919			\$3,537	\$3,304
65	\$1,688			\$1,952	\$2,391		\$2,004			\$1,827	\$1,650
70	\$2,059			\$2,426	\$2,894		\$2,490			\$2,267	\$2,037
75	\$2,350			\$2,846	\$3,342		\$2,920			\$2,656	\$2,398
80	\$2,531			\$3,192	\$3,718		\$3,277			\$2,964	\$2,714
85	\$2,638			\$3,489	\$4,028		\$3,572			\$3,229	\$2,996

Pre-ex = # of months of waiting period for coverage of a pre-existing condition

App Fee = one-time charge at the time you apply for a policy

Crossover: Yes = claims sent electronically; no paper filing

**HUMANA INSURANCE COMPANY**[www.humana-medicare.com](http://www.humana-medicare.com)

(888) 310-8482

**Healthy Living plans – limited vision and dental benefits. Contact plan for details.**

Pre-ex: 3

App Fee: \$0

Crossover: yes

Age	A	B	C	D	F	FHD	G	K	L	M	N
64 & Under	\$3,878				\$5,539	\$2,014		\$2,590			\$3,952
65	\$1,893				\$2,669	\$1,024		\$1,292			\$1,928
70	\$2,269				\$3,212	\$1,211		\$1,538			\$2,311
75	\$2,726				\$3,874	\$1,440		\$1,837			\$2,778
80	\$3,193				\$4,550	\$1,672		\$2,142			\$3,255
85	\$3,878				\$5,539	\$2,014		\$2,590			\$3,952

**HUMANA INSURANCE COMPANY**[www.humana-medicare.com](http://www.humana-medicare.com)

(888) 310-8482

Pre-ex: 3

App Fee: \$0

Crossover: yes

Age	A	B	C	D	F	FHD	G	K	L	M	N
64 & Under	\$3,999	\$4,787	\$5,891		\$6,011	\$1,782		\$2,579	\$3,666		\$3,705
65	\$1,765	\$2,113	\$2,600		\$2,653	\$786		\$1,138	\$1,618		\$1,635
70	\$2,147	\$2,570	\$3,163		\$3,228	\$957		\$1,385	\$1,969		\$1,989
75	\$2,612	\$3,127	\$3,849		\$3,927	\$1,164		\$1,685	\$2,395		\$2,421
80	\$3,087	\$3,696	\$4,548		\$4,641	\$1,376		\$1,992	\$2,831		\$2,861
85	\$3,999	\$4,787	\$5,891		\$6,011	\$1,782		\$2,579	\$3,666		\$3,705

**IAC**[www.IAC-group.com](http://www.IAC-group.com)

(844) 502-6780

Pre-ex: 0

App Fee: \$25

Crossover: yes

Age	A	B	C	D	F	FHD	G	K	L	M	N
64 & Under	\$3,263				\$4,499		\$3,855				\$3,383
65	\$1,663				\$1,961		\$1,602				\$1,354
70	\$1,870				\$2,193		\$1,813				\$1,528
75	\$2,152				\$2,554		\$2,142				\$1,809
80	\$2,399				\$2,937		\$2,483				\$2,113
85	\$2,638				\$3,374		\$2,871				\$2,473

Pre-ex = # of months of waiting period for coverage of a pre-existing condition

App Fee = one-time charge at the time you apply for a policy

Crossover: Yes = claims sent electronically; no paper filing

**KSKJ LIFE AMERICAN SLOVENIAN CATHOLIC UNION**[www.ksklife.com](http://www.ksklife.com)

(800) 321-0102

Pre-ex: 0

App Fee: \$25

Crossover: yes

Age	A	B	C	D	F	FHD	G	K	L	M	N
64 & Under	\$3,362	\$4,090	\$4,680	\$3,168	\$4,709		\$3,336			\$2,852	\$2,275
65	\$1,741	\$2,117	\$2,406	\$1,640	\$2,507		\$1,727			\$1,477	\$1,212
70	\$2,072	\$2,520	\$2,871	\$1,951	\$2,945		\$2,056			\$1,756	\$1,422
75	\$2,459	\$2,991	\$3,454	\$2,317	\$3,525		\$2,440			\$2,085	\$1,703
80	\$2,794	\$3,399	\$3,926	\$2,633	\$3,981		\$2,774			\$2,369	\$1,924
85	\$3,038	\$3,695	\$4,277	\$2,862	\$4,312		\$3,014			\$2,576	\$2,083

**LIBERTY NATIONAL LIFE INSURANCE COMPANY**[www.libertynational.com](http://www.libertynational.com)

(800) 331-2512

Pre-ex: 2

App Fee: \$0

Crossover: yes

Age	A	B	C	D	F	FHD	G	K	L	M	N
64 & Under	\$2,521	\$3,796			\$4,841	\$1,192					\$3,933
65	\$1,933	\$2,698			\$3,038	\$520					\$2,334
70	\$2,372	\$3,379			\$3,843	\$692					\$3,021
75	\$2,521	\$3,716			\$4,372	\$936					\$3,488
80	\$2,521	\$3,796			\$4,841	\$1,192					\$3,933
85	\$2,521	\$3,796			\$4,841	\$1,192					\$3,933

**MEDICO INSURANCE COMPANY**[www.gomedico.com](http://www.gomedico.com)

(800) 228-6080

Pre-ex: 0

App Fee: \$0

Crossover: yes

Age	A	B	C	D	F	FHD	G	K	L	M	N
64 & Under	\$3,229				\$4,140		\$3,976				\$3,026
65	\$1,742				\$2,233		\$2,078				\$1,581
70	\$1,853				\$2,376		\$2,220				\$1,690
75	\$2,303				\$2,953		\$2,793				\$2,126
80	\$2,664				\$3,416		\$3,254				\$2,476
85	\$2,991				\$3,835		\$3,671				\$2,794

Pre-ex = # of months of waiting period for coverage of a pre-existing condition

App Fee = one-time charge at the time you apply for a policy

Crossover: Yes = claims sent electronically; no paper filing



**MUTUAL OF OMAHA INSURANCE COMPANY**[www.mutualofomaha.com](http://www.mutualofomaha.com)

(800) 667-2937

Pre-ex: 0

App Fee: \$0

Crossover: yes

Age	A	B	C	D	F	FHD	G	K	L	M	N
64 & Under	\$2,231				\$3,233		\$2,554				
65	\$1,260				\$1,827		\$1,443				
70	\$1,431				\$2,073		\$1,638				
75	\$1,701				\$2,465		\$1,947				
80	\$2,002				\$2,901		\$2,291				
85	\$2,287				\$3,314		\$2,618				

**PEKIN LIFE INSURANCE COMPANY**[www.pekininsurance.com](http://www.pekininsurance.com)

(800) 322-0160

Pre-ex: 0

App Fee: \$0

Crossover: yes

Age	A	B	C	D	F	FHD	G	K	L	M	N
64 & Under	\$2,779				\$4,395	\$1,710	\$3,772				
65	\$1,799				\$1,892	\$854	\$1,651				
70	\$2,123				\$2,492	\$1,126	\$2,175				
75	\$2,351				\$3,234	\$1,458	\$2,831				
80	\$2,489				\$3,702	\$1,671	\$3,259				
85	\$2,581				\$4,049	\$1,828	\$3,578				

**PHYSICIANS MUTUAL INSURANCE COMPANY**[www.physiciansmutual.com](http://www.physiciansmutual.com)

(800) 228-9100

Pre-ex: 0

App Fee: \$0

Crossover: yes

Age	A	B	C	D	F	FHD	G	K	L	M	N
64 & Under	\$3,053			\$4,746	\$6,140	\$2,061	\$5,421				\$4,106
65	\$1,747			\$2,073	\$2,867	\$571	\$2,472				\$1,808
70	\$2,060			\$2,518	\$3,348	\$715	\$2,884				\$2,194
75	\$2,293			\$3,084	\$4,005	\$897	\$3,451				\$2,685
80	\$2,499			\$3,646	\$4,637	\$1,111	\$3,993				\$3,174
85	\$2,680			\$4,139	\$5,239	\$1,360	\$4,512				\$3,602

Pre-ex = # of months of waiting period for coverage of a pre-existing condition

App Fee = one-time charge at the time you apply for a policy

Crossover: Yes = claims sent electronically; no paper filing

**RESERVE NATIONAL INSURANCE COMPANY**[www.reservenational.com](http://www.reservenational.com)

(800) 654-9106

Pre-ex: 6

App Fee: \$15

Crossover: yes

Age	A	B	C	D	F	FHD	G	K	L	M	N
64 & Under	\$2,589		\$3,845		\$3,534	\$1,018	\$3,315				\$2,434
65	\$1,350		\$2,005		\$1,844	\$532	\$1,729				\$1,269
70	\$1,604		\$2,382		\$2,190	\$631	\$2,055				\$1,508
75	\$1,887		\$2,801		\$2,576	\$742	\$2,416				\$1,773
80	\$2,187		\$3,248		\$2,985	\$861	\$2,801				\$2,056
85	\$2,414		\$3,586		\$3,297	\$949	\$3,092				\$2,269

**SENTINEL SECURITY LIFE INSURANCE COMPANY**[www.sslco.com](http://www.sslco.com)

(800) 247-1423

Pre-ex: 0

App Fee: \$25

Crossover: yes

Age	A	B	C	D	F	FHD	G	K	L	M	N
64 & Under	\$2,439	\$2,722	\$3,235	\$2,539	\$3,260		\$2,561				\$2,143
65	\$1,381	\$1,541	\$1,831	\$1,437	\$1,846		\$1,450				\$1,213
70	\$1,526	\$1,703	\$2,023	\$1,588	\$2,039		\$1,602				\$1,341
75	\$1,826	\$2,038	\$2,422	\$1,901	\$2,440		\$1,917				\$1,605
80	\$2,062	\$2,301	\$2,735	\$2,147	\$2,756		\$2,165				\$1,812
85	\$2,234	\$2,493	\$2,962	\$2,325	\$2,986		\$2,345				\$1,963

**STANDARD LIFE AND ACCIDENT INSURANCE COMPANY**[www.slaico.com](http://www.slaico.com)

(888) 350-1488

Pre-ex: 0

App Fee: \$0

Crossover: yes

Age	A	B	C	D	F	FHD	G	K	L	M	N
64 & Under	\$6,657	\$7,579	\$8,617	\$5,192	\$7,086	\$1,030	\$5,232				\$3,418
65	\$3,314	\$3,773	\$4,289	\$2,585	\$3,527	\$513	\$2,604				\$1,701
70	\$3,834	\$4,365	\$4,963	\$2,990	\$4,081	\$593	\$3,013				\$1,968
75	\$4,406	\$5,017	\$5,704	\$3,437	\$4,690	\$682	\$3,463				\$2,262
80	\$5,291	\$6,025	\$6,850	\$4,127	\$5,633	\$819	\$4,159				\$2,717
85	\$6,657	\$7,579	\$8,617	\$5,192	\$7,086	\$1,030	\$5,232				\$3,418

Pre-ex = # of months of waiting period for coverage of a pre-existing condition

App Fee = one-time charge at the time you apply for a policy

Crossover: Yes = claims sent electronically; no paper filing

**STATE FARM MUTUAL AUTOMOBILE INSURANCE COMPANY**[www.statefarm.com](http://www.statefarm.com)

Contact Local State Farm Agent

Pre-ex: 0

App Fee: \$0

Crossover: yes

Age	A	B	C	D	F	FHD	G	K	L	M	N
64 & Under	\$1,956		\$2,951		\$2,981						
65	\$1,144		\$1,726		\$1,744						
70	\$1,442		\$2,174		\$2,196						
75	\$1,671		\$2,519		\$2,545						
80	\$1,877		\$2,830		\$2,859						
85	\$1,956		\$2,951		\$2,981						

**STATE MUTUAL INSURANCE COMPANY**[www.statemutualinsurance.com](http://www.statemutualinsurance.com)

(888) 764-1936

Pre-ex: 0

App Fee: \$0

Crossover: yes

Age	A	B	C	D	F	FHD	G	K	L	M	N
64 & Under	\$3,701	\$4,319	\$5,197	\$4,528	\$5,229	\$2,058	\$4,552			\$4,076	\$3,662
65	\$1,917	\$2,236	\$2,679	\$2,345	\$2,786	\$1,096	\$2,358			\$2,111	\$1,950
70	\$2,278	\$2,659	\$3,186	\$2,787	\$3,269	\$1,287	\$2,802			\$2,507	\$2,288
75	\$2,705	\$3,158	\$3,834	\$3,311	\$3,915	\$1,541	\$3,330			\$2,980	\$2,740
80	\$3,075	\$3,589	\$4,355	\$3,763	\$4,421	\$1,739	\$3,785			\$3,389	\$3,096
85	\$3,345	\$3,902	\$4,748	\$4,090	\$4,788	\$1,882	\$4,111			\$3,680	\$3,352

**THE ORDER OF UNITED COMMERCIAL TRAVELERS OF AMERICA**[www.uct.org](http://www.uct.org)

(800) 848-0123

Pre-ex: 0

App Fee: \$0

Crossover: yes

Age	A	B	C	D	F	FHD	G	K	L	M	N
64 & Under	\$3,844	\$4,974	\$5,175	\$4,841	\$5,110		\$4,334				\$3,577
65	\$2,008	\$2,601	\$2,854	\$2,532	\$2,884		\$2,267				\$2,019
70	\$2,513	\$3,251	\$3,555	\$3,166	\$3,512		\$2,834				\$2,458
75	\$2,935	\$3,800	\$4,087	\$3,698	\$4,036		\$3,313				\$2,825
80	\$3,233	\$4,187	\$4,421	\$4,075	\$4,368		\$3,648				\$3,058
85	\$3,449	\$4,466	\$4,694	\$4,346	\$4,635		\$3,890				\$3,245

Pre-ex = # of months of waiting period for coverage of a pre-existing condition

App Fee = one-time charge at the time you apply for a policy

Crossover: Yes = claims sent electronically; no paper filing

**THRIVENT FINANCIAL FOR LUTHERANS**[www.thrivent.com](http://www.thrivent.com)

(800) 847-4836

Pre-ex: 0

App Fee: \$0

Crossover: yes

Age	A	B	C	D	F	FHD	G	K	L	M	N
64 & Under	\$2,283	\$3,163	\$4,426	\$4,094	\$4,443	\$1,562	\$4,115		\$2,952	\$3,655	
65	\$1,488	\$1,668	\$1,971	\$1,696	\$1,981	\$591	\$1,707		\$1,216	\$1,604	
70	\$1,768	\$2,003	\$2,335	\$2,053	\$2,346	\$726	\$2,065		\$1,472	\$1,932	
75	\$2,033	\$2,363	\$2,773	\$2,481	\$2,787	\$898	\$2,494		\$1,780	\$2,321	
80	\$2,168	\$2,621	\$3,251	\$2,945	\$3,266	\$1,091	\$2,963		\$2,116	\$2,726	
85	\$2,215	\$2,787	\$3,710	\$3,392	\$3,725	\$1,295	\$3,411		\$2,442	\$3,099	

**UNITED AMERICAN INSURANCE COMPANY**[www.unitedamerican.com](http://www.unitedamerican.com)

(800) 331-2512

Pre-ex: 2

App Fee: \$0

Crossover: yes

Age	A	B	C	D	F	FHD	G	K	L	M	N
64 & Under	\$2,114	\$3,163	\$4,436	\$4,247	\$4,451	\$912	\$4,258	\$2,077	\$2,919		\$3,539
65	\$1,626	\$2,261	\$2,802	\$2,607	\$2,819	\$433	\$2,621	\$1,313	\$1,846		\$2,113
70	\$1,992	\$2,828	\$3,544	\$3,351	\$3,558	\$578	\$3,364	\$1,753	\$2,463		\$2,734
75	\$2,114	\$3,104	\$4,020	\$3,832	\$4,037	\$721	\$3,843	\$1,951	\$2,744		\$3,148
80	\$2,114	\$3,163	\$4,436	\$4,247	\$4,451	\$912	\$4,258	\$2,077	\$2,919		\$3,539
85	\$2,114	\$3,163	\$4,436	\$4,247	\$4,451	\$912	\$4,258	\$2,077	\$2,919		\$3,539

**UNITED NATIONAL LIFE INSURANCE COMPANY OF AMERICA**

(800) 207-8050

Pre-ex: 0

App Fee: \$20

Crossover: yes

Age	A	B	C	D	F	FHD	G	K	L	M	N
64 & Under	\$2,936			\$3,944	\$4,906		\$4,035				\$3,391
65	\$1,882			\$2,261	\$2,905		\$2,309				\$1,849
70	\$2,099			\$2,553	\$3,248		\$2,607				\$2,085
75	\$2,417			\$3,018	\$3,795		\$3,082				\$2,450
80	\$2,592			\$3,357	\$4,193		\$3,426				\$2,775
85	\$2,707			\$3,645	\$4,530		\$3,717				\$3,064

Pre-ex = # of months of waiting period for coverage of a pre-existing condition

App Fee = one-time charge at the time you apply for a policy

Crossover: Yes = claims sent electronically; no paper filing

**USAA LIFE INSURANCE COMPANY**[www.usaa.com](http://www.usaa.com)

(800) 531-8722

Pre-ex: 0

App Fee: \$0

Crossover: yes

Age	A	B	C	D	F	FHD	G	K	L	M	N
64 & Under	\$2,811				\$3,303						\$2,154
65	\$1,575				\$1,850						\$1,208
70	\$1,836				\$2,166						\$1,414
75	\$2,195				\$2,583						\$1,685
80	\$2,546				\$2,995						\$1,954
85	\$2,811				\$3,303						\$2,154

**WESTERN CATHOLIC UNION**[www.westerncatholicunion.com](http://www.westerncatholicunion.com)

(217) 223-9721

Pre-ex: 0

App Fee: \$25

Crossover: yes

Age	A	B	C	D	F	FHD	G	K	L	M	N
64 & Under	\$2,438				\$3,303		\$2,571				\$2,151
65	\$1,380				\$1,870		\$1,458				\$1,217
70	\$1,525				\$2,066		\$1,608				\$1,346
75	\$1,825				\$2,473		\$1,925				\$1,610
80	\$2,061				\$2,793		\$2,174				\$1,819
85	\$2,233				\$3,025		\$2,355				\$1,970

Pre-ex = # of months of waiting period for coverage of a pre-existing condition

App Fee = one-time charge at the time you apply for a policy

Crossover: Yes = claims sent electronically; no paper filing

**Chicago Area****Standardized Medicare SELECT Plans Available – Annual Premium Estimates****AARP/UNITED HEALTHCARE INSURANCE COMPANY**[www.aarphealthcare.com](http://www.aarphealthcare.com)

(800) 523-5800

Pre-ex: 3

App Fee: \$0

Crossover: yes

Age	A	B	C	D	F	FHD	G	K	L	M	N
64 & Under			\$3,285		\$3,303						
65			\$1,533		\$1,541						
70			\$1,861		\$1,872						
75			\$2,409		\$2,422						
80			\$2,409		\$2,422						
85			\$2,409		\$2,422						

**BLUE CROSS BLUE SHIELD OF ILLINOIS**[www.bcbsil.com](http://www.bcbsil.com)

(800) 646-3000

Pre-ex: 0

App Fee: \$0

Crossover: yes

Age	A	B	C	D	F	FHD	G	K	L	M	N
64 & Under		\$2,652	\$2,868		\$3,144		\$2,820	\$1,764	\$2,400		\$2,208
65		\$1,212	\$1,524		\$1,608		\$1,476	\$852	\$1,236		\$1,140
70		\$1,548	\$1,944		\$2,148		\$1,932	\$1,176	\$1,644		\$1,488
75		\$1,896	\$2,280		\$2,532		\$2,256	\$1,404	\$1,920		\$1,764
80		\$2,172	\$2,424		\$2,664		\$2,376	\$1,488	\$2,016		\$1,848
85		\$2,424	\$2,616		\$2,856		\$2,568	\$1,596	\$2,172		\$2,016

**PEKIN LIFE INSURANCE COMPANY**[www.pekininsurance.com](http://www.pekininsurance.com)

(800) 322-0160

Pre-ex: 0

App Fee: \$0

Crossover: yes

Age	A	B	C	D	F	FHD	G	K	L	M	N
64 & Under					\$3,656						
65					\$1,602						
70					\$2,109						
75					\$2,735						
80					\$3,133						
85					\$3,426						

Pre-ex = # of months of waiting period for coverage of a pre-existing condition

App Fee = one-time charge at the time you apply for a policy

Crossover: Yes = claims sent electronically; no paper filing

# Illinois Department on Aging



State of Illinois  
Department on Aging  
One Natural Resources Way, #100  
Springfield, Illinois 62702-1271  
[www.illinois.gov/aging](http://www.illinois.gov/aging)

Senior Health Insurance Program  
(SHIP)  
**1-800-252-8966**

The Illinois Department on Aging does not discriminate in admission to programs or treatment of employment in programs or activities in compliance with appropriate State and Federal Statutes. If you feel you have been discriminated against, you have a right to file a complaint with the Illinois Department on Aging. For information, call the Senior HelpLine: 1-800-252-8966; 1-888-206-1327 (TTY).